

 PATENT APPLICATION TRANSMITTAL LETTER		Docket Number (Optional)																				
24 21																						
1995																						
To the Commissioner of Patents and Trademarks: Transmitted herewith for filing under 35 U.S.C. 111 and 37 CFR 1.53 is the patent application of																						
IGOR K. KOTLIAR																						
entitled HYPOXIC ROOM SYSTEM AND EQUIPMENT FOR HYPOXIC TRAINING AND THERAPY																						
Enclosed are:																						
<input checked="" type="checkbox"/> <u>27</u> pages of written description, claims and abstract.																						
<input checked="" type="checkbox"/> <u>2</u> sheets of drawings.																						
<input type="checkbox"/> an assignment of the invention to _____																						
<input checked="" type="checkbox"/> executed declaration of the inventors.																						
<input type="checkbox"/> a certified copy of a _____ application.																						
<input type="checkbox"/> associate power of attorney.																						
<input checked="" type="checkbox"/> a verified statement to establish small entity status under 37 CFR 1.9 and 1.27.																						
<input type="checkbox"/> information disclosure statement																						
<input type="checkbox"/> preliminary amendment																						
<input type="checkbox"/> other: _____																						
CLAIMS AS FILED																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NUMBER FILED</th> <th style="width: 30%;">NUMBER EXTRA</th> <th style="width: 10%;">RATE</th> <th style="width: 10%;">FEE</th> </tr> </thead> <tbody> <tr> <td>BASIC FEE</td> <td></td> <td>\$730</td> <td>\$730</td> </tr> <tr> <td>TOTAL CLAIMS</td> <td>22 - 20 = * 2</td> <td>x \$22</td> <td>\$44</td> </tr> <tr> <td>INDEPENDENT CLAIMS</td> <td>3 - 3 = * 0</td> <td>x \$76</td> <td></td> </tr> <tr> <td>MULTIPLE DEPENDENT CLAIM PRESENT</td> <td></td> <td>\$240</td> <td></td> </tr> </tbody> </table>			NUMBER FILED	NUMBER EXTRA	RATE	FEE	BASIC FEE		\$730	\$730	TOTAL CLAIMS	22 - 20 = * 2	x \$22	\$44	INDEPENDENT CLAIMS	3 - 3 = * 0	x \$76		MULTIPLE DEPENDENT CLAIM PRESENT		\$240	
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* NUMBER EXTRA MUST BE ZERO OR LARGER																						
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<input checked="" type="checkbox"/> A check in the amount of <u>\$ 387.00</u> to cover the filing fee is enclosed.																						
<input type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. _____ as described below. I have enclosed a duplicate copy of this sheet.																						
<input type="checkbox"/> Charge the amount of \$ _____ as filing fee.																						
<input type="checkbox"/> Credit any overpayment.																						
<input type="checkbox"/> Charge any additional filing fees required under 37 CFR 1.16 and 1.17.																						
<input type="checkbox"/> Charge the issue fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).																						
<u>21 July 1995</u>																						
Date																						
																						
Signature																						
IGOR K. KOTLIAR																						
Typed or printed name																						
<u>155 East 29th Street, #31G,</u>																						
Address																						
<u>NEW YORK, N.Y. 10016</u>																						